

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90092 035 \*\*\*150.00

**DOCUMENT # P01000008242**

1. Entity Name

AMERICAN AEGIS INSURANCE SERVICES INC



Principal Place of Business

2730 A. WESTGATE  
WEST PALM BEACH FL 33416

Mailing Address

PO BOX 6021  
WPB FL 33405

2. Principal Place of Business

3359 BELVEDERE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite L

City & State

W P Bch

City & State

Zip  
33409

Country

P B

Zip

Country

4. FEI Number 01-0605277

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAMS, PAUL  
1506 BROADWAY  
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name paul sams  
Street Address (P.O. Box Number is Not Acceptable)

3359 BELVEDERE RD Suite L

City W P B

FL

Zip Code 33409

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SAMS, PAUL  
STREET ADDRESS PO BOX 6021  
CITY-ST-ZIP WPB FL 33405

TITLE VD ☐ Delete  
NAME SAMMS, GEOEGE  
STREET ADDRESS PO BOX 6021  
CITY-ST-ZIP WPB FL 33405

TITLE D ☐ Delete  
NAME SAMMS, NORMAN  
STREET ADDRESS PO BOX 6021  
CITY-ST-ZIP WPB FL 33405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #